

**Title of Training – Jan '10**  
**Date of Training**  
**Location of Training**  
**Sponsored by Information**

- Your primary role as it applies to this training:
- |  |   |
|--|---|
| <input type="checkbox"/> Superintendent  | <input type="checkbox"/> Principal                |
| <input type="checkbox"/> Special Ed/Co-op Director   | <input type="checkbox"/> Title I Teacher          |
| <input type="checkbox"/> Special Education Teacher   | <input type="checkbox"/> Consortium Director      |
| <input type="checkbox"/> Librarian/Media Specialist  | <input type="checkbox"/> State Agency Staff       |
| <input type="checkbox"/> Gifted and Talented Staff   | <input type="checkbox"/> Early Childhood Educator |
| <input type="checkbox"/> Other (specify) _____   |   |
| <input type="checkbox"/> Support Staff (administrative assistant, bus driver, custodial staff, food service staff) |   |
| <input type="checkbox"/> Specialist (SLP, OT, PT, School Psych, School Counselor, Interpreter)                     |   |

At what level do you work? (check all that apply)  
 Birth-3    PRE-K    K-5    6-8    9-12    K-8    K-12    Post Sec    Adult

Do you work in a school that receives Title I funds and is identified for improvement, corrective action or restructuring?       Yes       No

Your school district is located in what Montana county? \_\_\_\_\_

Is your attendance at this workshop (check one)       mandatory       voluntary  
 Are you attending this workshop (check one)       with a team       alone

CONTENT	Strongly Agree	3	2	Strongly Disagree
Overall, the presenters demonstrated thorough knowledge of the topic.	4	3	2	1
The content presented was aligned with my needs.	4	3	2	1
I will be able to apply what I learned.	4	3	2	1
<b>PROCESS</b>				
The teaching techniques used helped my learning.	4	3	2	1
The materials used helped or enhanced my learning.	4	3	2	1
The training activities were designed for diverse learning styles.	4	3	2	1
The time allotted for the topic covered was appropriate.	4	3	2	1
<b>FACILITIES</b>				
The workshop facilities and refreshments were adequate.	4	3	2	1
Would you recommend this session to a colleague?	Yes		No	

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As a result of participating in this workshop, list two strategies you can implement in your setting to improve student/child/client outcomes:

For future programs, what topics would be most helpful in performing your job?

What changes or improvements would you suggest to the:  
Presenter?

Organizer?

What additional resources, trainings, or supports do you need for implementing these strategies?

Any other comments?